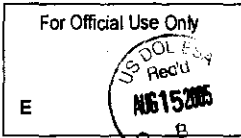


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-7023	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Nolan Moriwaki P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819	4. Name, file number, and address of labor organization. Name Bricklayers AFL-CIO, Local Union #1 Labor Organization File Number 025-992 P.O. Box, Building and Room Number, if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819
5. Position in labor organization. Financial-Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John A. Moriwa</u>	On <u>8/8/05</u>	(808) 841-0491
	Date	Telephone Number

Name of Person Filing Nolan Moriwaki	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 1 of 9 pages)</p>
	<p>11.b. Approximate dollar value of such dealing. \$11,550</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Nolan Moriwaki	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Masons Vacation and Holiday Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 2 of 9 pages)</p>
	<p>11.b. Approximate dollar value of such dealing. \$88</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

Name of Person Filing Nolan Moriwaki	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Masons Health and Welfare Trust fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 3 of 9 pages)</p>
	<p>11.b. Approximate dollar value of such dealing. \$281</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

Name of Person Filing Nolan Moriwaki

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Masons Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii

ZIP Code + 4 96819

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 4 of 9 pages)

11.b. Approximate dollar value of such dealing.

\$16,747

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Nolan Moriwaki

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Hawaii Masons & Plasterers Annuity Trust Fun

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 5 of 9 pages)

11.b. Approximate dollar value of such dealing. \$16,654

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing <u>Nolan Moriwaki</u>	File Number <u>U-</u>
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Sierra Investment Partners, Inc.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>101 Ygnacio Valley Road</u></p> <p>City <u>Walnut Creek</u></p> <p>State <u>California</u> ZIP Code + 4 <u>94596</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Masons Pension Trust Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2251 North School Street</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96819</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Gift of wine bottle</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$49</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p> </p> <hr/> <p>12.b. Amount.</p>

Name of Person Filing **Nolan Moriwaki**

File Number **U-**

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Benefit Plan Consultants (Hawaii), Inc.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1221 Kapiolani Blvd., Suite 710**

City **Honolulu**

State **Hawaii** ZIP Code + 4 **96814**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Masons Health and Welfare Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2251 North School Street**

City **Honolulu**

State **Hawaii** ZIP Code + 4 **96819**

11.a. Nature of such dealing.

Christmas gift - gift card

11.b. Approximate dollar value of such dealing.

\$75

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Nolan Moriwaki

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Old Glory Asset Managment LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5 Great Valley Drive, Suite 326

City Malvern

State Pennsylvania ZIP Code + 4 19355

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masons Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

11.a. Nature of such dealing.

Dinners to discuss investments

4/2004 - \$180, 6/2006 - \$88 and 12/2004 - \$131

11.b. Approximate dollar value of such dealing.

\$399

12.a. Nature of interest held or income received.

12.b. Amount.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
TR	January 1, 2004 through December 31, 2004	232	Meeting expenses for attendance at quarterly trust fund meetings	Check
		39	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		49	Meeting expenses for attendance at special trustee meeting	Check
		<u>320</u>		
	January 1, 2004 through December 31, 2004		<u>Seminars (4/2004, 6/2004 & 2/2005)</u>	Check
		6,506	Airfare	
		2,813	Hotel	
		649	Registration	
		359	Auto	
		903	Meals	
		<u>11,230</u>		
	Total	<u>11,550</u>		

Amounts paid on behalf as a trustee of Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment payment</u>
VH	January 1, 2004 through December 31, 2004	73	Meeting expenses for attendance at quarterly trust fund meetings	Check
		39	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		49	Meeting expenses for attendance at special trustee meeting	

88

Amounts paid on behalf as a trustee of Masons Vacation and Holiday Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment payment</u>
HW	January 1, 2004 through December 31, 2004	181	Meeting expenses for attendance at quarterly trust fund meetings	Check
		39	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		61	Meeting expenses for attendance at special trustee meeting	
		<u>281</u>		

Amounts paid on behalf as a trustee of Masons Health and Welfare Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
PN	January 1, 2004 through December 31, 2004	1,822	Meeting expenses for attendance at quarterly trust fund meetings	Check
		39	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		61	Meeting expenses for attendance at special trustee meeting	
		<u>1,922</u>		
			<u>Seminars</u>	
	April 2004	6,401	Tucson, Arizona (See attached page 6 of 9)	
	May 2004	8,424	Washington,DC (See attached page 7 of 9)	
		<u>14,825</u>		
	Total	<u>16,747</u>		

Amounts paid on behalf as a trustee of Masons Pension Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
AN	January 1, 2004 through December 31, 2004	545	Meeting expenses for attendance at quarterly trust fund meetings	Check
		39	Meeting expenses for attendance at monthly delinquency committee meetings	Check
		20	Meeting expenses for attendance at special trustee meeting	
		<u>604</u>		
			<u>Seminars</u>	
	February 2004	8,072	Orlando, Florida (See attached page 8 of 9)	
	March 2004	7,978	Orlando, Florida (See attached page 9 of 9)	
		<u>16,050</u>		
	Total	<u>16,654</u>		

Amounts paid on behalf as a trustee of Masons & Plasterers Annuity Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Nolan Moriwaki
International Foundation - Investment Institute - Pension
Tuscon, Arizona

Item	No Date	4/26/04	4/27/04	4/28/04	4/29/04	4/30/04	5/01/04	5/02/04	5/03/04	
Airfare, Train, Bus	3,434.70									
Meeting Registration	855.00									
Hotel			291.33	291.33	291.33	140.61	140.61	97.01		
Breakfast					18.57	16.15	51.15	28.92		
Lunch			17.31	21.40	17.02	9.93	41.25	12.74		
Dinner			68.36	11.07	26.14	86.33		127.43		
Porters-Bellman		5.00	5.00					5.00	5.00	
Taxis, Bus										
Maid				5.00	5.00	5.00	5.00	5.00		
Snack				6.28				4.25		
Airport Parking									70.00	
Other:										
Coffee										
Car Rental									180.25	
Gas										
Valet										
Private Auto - mileage										
Cart										
Parking										
Toll										
Long Distance										
Laundry										
Totals	4,289.70	5.00	382.00	335.08	358.06	258.02	238.01	280.35	255.25	6,401.47

Nolan Moriwaki
International Foundation - Legislative Update - Pension
Washington, DC

Item	No Date	5/14/04	5/15/04	5/16/04	5/17/04	5/18/04	5/19/04	5/20/04	5/21/04	5/22/04	
Airfare, Train, Bus	4,750.81										
Meeting Registration	915.00										
Hotel			257.63	257.63	257.63	257.63	97.01	97.01	140.61		
Breakfast				25.55			73.80	37.51			
Lunch			30.74					39.27	52.57		
Dinner			97.05	81.30	101.88	89.13	98.96	159.72	93.85		
Porters-Bellman		5.00	5.00							10.00	
Taxis, Bus			20.00								
Maid				5.00	5.00	5.00	5.00	5.00	5.00	5.00	
Snack			4.43					12.74			
Airport Parking										80.00	
Other:											
Coffee											
Car Rental										239.39	
Gas											
Valet											
Private Auto - mileage											
Cart											
Parking											
Toll											
Long Distance											
Laundry											
Totals	8,423.85	5,665.81	5.00	414.85	369.48	364.51	351.76	274.77	351.25	292.03	334.39

Nolan Moriwaki
International Foundation - Trustees/Administrators - Annuity
Orlando, Florida

Item	No Date	2/20/04	2/21/04	2/22/04	2/23/04	2/24/04	2/25/04	2/26/04	2/27/04	2/28/04	
Airfare, Train, Bus	4,709.40										
Meeting Registration	930.00										
Hotel			243.07	243.07	243.07	243.07	152.55	152.55	152.55		
Breakfast					20.60			27.62	25.47		
Lunch						29.43					
Dinner			63.17	129.99	139.68				133.60		
Porters-Bellman		5.00	5.00							10.00	
Taxis, Bus			60.00								
Maid				5.00	5.00	5.00	5.00	5.00	5.00		
Snack											
Airport Parking											
Other:											
Coffee											
Car Rental										323.16	
Gas											
Valet											
Private Auto - mileage											
Cart											
Parking											
Long Distance											
Laundry											
Totals	8,072.05	5,639.40	5.00	371.24	378.06	408.35	277.50	157.55	185.17	316.62	333.16

Nolan Moriwaki
International Foundation - Benefit Communication - Annuity
Orlando, Florida

Item	No Date	3/26/04	3/27/04	3/28/04	3/29/04	3/30/04	3/31/04	4/01/04	4/02/04		
Airfare, Train, Bus	4,709.40										
Meeting Registration	855.00										
Hotel			300.48	300.48	300.48	300.48	175.35	175.35			
Breakfast				25.82	15.86		17.06	102.09			
Lunch						50.00	69.63				
Dinner			59.32	38.84	31.26	89.89		91.52			
Porters-Bellman		5.00							10.00		
Taxis, Bus											
Maid			5.00	5.00	5.00	5.00	5.00	5.00	5.00		
Snack				15.92							
Airport Parking											
Other:											
Coffee											
Car Rental									203.42		
Gas											
Valet											
Private Auto - mileage											
Cart											
Parking											
Toll											
Long Distance											
Laundry											
Totals	7,977.65	5,564.40	5.00	364.80	386.06	352.60	445.37	267.04	373.96	218.42	0.00

Nolan Moriwaki
File Number – Initial filing
12/31/2004

General explanation on reporting amounts of Form LM-30

This individual is a union official for the Bricklayers AFL-CIO, Local Union #1, Labor Organization File Number 025-992 and is also a union official for the Plasterers and Cement Mason, ALF-CIO, Local Union #630, Labor Organization File Number 037-279. The amounts disclosed are total amounts received directly or on behalf of this union official and have not been allocated or prorated between the two labor organizations this individual represents.